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ABSTRACT

This paper discusses the growing recognition that the personalities and life experiences of group leaders are important factors in their effectiveness. Leaders should be warm, empathetic, responsive, understand individual and group behavior, give feedback, be trusted and accepted. Life experiences and personal development are important for the acquisition of empathy. Implications for leader selection, training, and credentialling are examined. The first implication is for professional mental health specialists and group leaders to reassess themselves and the system they sustain. The second is to seriously address what is known and what is necessary to know about the methodology of selecting group leaders in terms of their personality characteristics. The third is to consider how we develop a functional system for the continuous efficient utilization, development and advancement of group leaders in human services.
(Author/BW)

The Personalities of Group Leaders:
Implications for Selection & Training

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It is only in recent years that there has begun to be serious study of the personality and life experiences of group leaders and their implications for the capacity of individuals to run counseling, growth and therapy groups.

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In the early days of group psychotherapy and counseling, the assumption was that if an individual had undergone professional training and supervised experience and had the inclination, he or she would be able to run a group. There was an unspoken recognition that some people could not learn how to manage groups or were not able to work with some populations, but lack of knowledge of the dimensions of these problems made most of us reluctant to tackle them. Even in 1963, it was possible for Kadis, et al., to write an introductory text to group psychotherapy without discussion of the personality and selection of the therapists. The AGPA Standards and Ethics Committee throughout the 60's and in the "Guidelines for Training for Group Psychotherapists," which it produced, deliberately by-passed the problem of therapist personality. Reluctance to deal with the problem has related to the wide variety of personalities seen amongst therapists and the difficulties in evaluating their work. However, two recent developments have made it increasingly urgent to attempt to deal with this issue. One is the New Careers idea and the proposition which states that unless you are drawn from a population similar to the group members and/or have undergone similar experiences you cannot assist them. The other is the idea, prevalent amongst many growth encounterers if not their leaders, that anyone who has had a group experience is fit to lead a group.

Different Leadership Qualities for Different Groups

Bass in his monumental study of the traits of leaders concluded that leadership qualities varied with the composition and goals of the group and the functions required of the leaders. It is my impression that this is true for leaders of counseling, therapy and growth groups; and that who the group members are, what their goals are, and how they will go about achieving them will affect what kind of personality, life experiences, and skills the leader must have in order to lead the group successfully.

Before we go further into this, we should ask how we judge success. Sometimes it is on the sayso of the leader, or of the members; sometimes on the basis of changed behaviors; sometimes merely on what occurs in the group itself - that the members attend, the group goes according to plan, the happenings in the group seem relevant - sometimes on the lack of serious crisis experienced by members. Success actually should be related to goals and whenever possible to changes in real life behavior.

A leader may be expected to play a variety of roles and perform a number of functions in a human relations group, depending on the goals of the group, the needs of the members and the philosophy of the leader. Goals may be related to problem solving, self development, therapeutic reconstruction or training. Members may be students, patients, trainees, clients, or more vaguely "participants." The leader may be a source of information or a creator of linkage, essentially a resource person and facilitator. He may function as an understander, clarifier, interpreter of feelings and needs. He may take the role of a benevolent authority, a setter of limits, a confronter with reality, possibly a source of support, a structurer of situations which permit freedom of expression

within safe limits. The leader may be an authority who understands and accepts members, their actions and feelings without censure or blame, and who thus reduces guilt and enhances self esteem; a director who structures experiences for success or confrontation or learning; a model for identification who may represent the ideal in a particular culture; a parent or authority whom members emulate; a more successful peer who has shared the same experiences and problems, who represents a value system; or an individual who also has problems who is willing to share his feelings and reactions as honestly as he can. A leader may be a transference figure enabling members to re-experience and understand problems from the past which interfere with the present, or an expert who understands resistances, games and coping mechanisms and helps group members understand individual and group patterns of behavior.

The kind of role which is adopted seems dependent on the needs of the members, the change philosophy of the leader and on his her temperament and self concept.

If we examine the requirements of some of these roles, we, in fact, find them to be contradictory. A benevolent authority cannot at the same time be a peer who is sharing and working together with members on mutual problems. An active confronter behaves differently from a leader who deliberately keeps his personality rather vague. A leader who creates experiences of success for members through group structure, exercises, games, behaves differently from a leader who works through lack of structure and the evolution of the group process or who believes in total spontaneity.

Professional Group Therapists

Consequently, we find that while there seem to be some common attributes, there are also different qualities and role perceptions which are described by different leaders. Some leaders see themselves consistently in one role. Others appear to wish to vary their role in accordance with the demands of the group. Slavson, for instance, emphasizes concern for patients, a paternalistic attitude, firmness, individualized understanding and responsiveness. In both his activity group therapy and his Vita Erg group therapy he essentially places the therapist in the position of the benevolent, supporting, yet firm, parent; and in his guidance groups in that of expert and perhaps grandfather. In the second for instance, he states that in order to allay the psychotics' "perpetual dread" staff at all levels need to be aware of and allay this by their benign attitudes and supportive mien and acts. They must be kind, understanding, offer comfort and security. They should emphasize and respect the dignity of the patient. Attendants engage in simple home-like activities which essentially emphasize the traditional functions of a mother. Jourard on the other hand states that "part of his function is as an exemplar of a turned-on life, a revealer and sharer of how he has found his way," and Mullan and Rosenbaum write, "He (the therapist) becomes involved in a mutual experience of growth for the group members and for himself. He must participate...." They state that the therapist must be able to experience, feel, understand multitransferences.

While most existential group therapists emphasize spontaneity, Grotjahn in a discussion of the value of analytic group therapy for psychotherapists suggests that, at least in part, honesty, sincerity, spontaneity and responsiveness are achieved through liberation from "the tyranny of his unconscious" and "the family romance" and implies

that true spontaneity is a highly sophisticated state. However, it is clear that in much of his work he sees himself in the role of expert.

Berne in discussing Thomas' dichotomization of roles into repressive-constructive and regressive-reconstructive, states that "Groups in which the therapist is predominantly parental would be placed near the repressive-constructive pole of Thoma's spectrum, the therapist in adult ego states lies near the analytic role." He emphasizes authenticity, "a therapist who uses whatever techniques are necessary to cure his patients is authentic," and "the patients' welfare takes precedence over technique."

Foulkes in discussing the role and qualities of the group analyst essentially sees him as paternalistic. Essential qualities which the analyst should possess or acquire are intuitive insight, capacity for empathy, ability to dispose of countertransference attitudes, withstand neurotic attacks, sustain emotional outburst against him. The therapist must be patient, able to admit mistakes, secure enough to allow others to lead, be optimistic, able to promote a spirit of deep, mutual examination of personal inadequacies and weaknesses, ^{have} confidence in members. He or she should be able to understand, interpret, take initiative, resist bias; should be non-dogmatic, simple, honest, straightforward.

Schutz, in his discussion of group leaders and leadership training in Here Comes Everybody states that group leaders must be sensitive to the feelings of group members, create atmosphere in which feelings are recognized and expressed easily, have self awareness, sense what the group needs and cause it to be provided, bring out of the group its best talents for decision-making, know his common impact on group members. Thus, in selecting and training encounter group leaders, he emphasizes

intuition, sensitivity, knowledge of groups, capacities of perceptiveness, inductiveness, logic and personal freedom. In general, he emphasizes that leaders should be friendly, self aware, responsible, able to grow and incorporate experiences. He implies these leaders are an elite.

MacLennan and Felsenfeld, in discussing the characteristics of group leaders who work with adolescents, emphasize that the leaders must respect and enjoy working with youth, must find life interesting, have competence, flair and attraction for youth, must be observant and sensitive to youths' moods and the meaning of behavior and must be willing to reveal themselves as real and honest persons. The leader must be clear about his/her own values, open-minded, undefensive, able to admit mistakes, have a problem-solving attitude. She/he must be able to help teenagers work with the typical problems of their life stage. The leader also has to be able to recognize and accept resistance as an integral part of change and to deal with it actively. These writers also emphasize that leaders must be able to withstand the testing operations of adolescent groups without being seduced or overcome by the group or enticed into a power struggle. Leaders must have sufficient style and charisma to be accepted by youth but remain firm in establishing the boundaries and limits of the group. Leaders may be parent figures or more successful peers depending on the situation.

Bach emphasizes that leaders should take responsibility for their groups, must be active, creative and self aware and should have relevant life experiences. Lieberman and Yalom in their experiments with encounter group leaders found four dimensions to be important: confrontation and emotionality, caring, cognitive feedback and structure. They found that the groups which stimulated the most positive change and the fewest casualties were led by leaders who were high in caring and in feedback, promoted a medium degree of confrontation and structure; essentially they were benevolent fathers.

Behavior therapists do not see the personality of the leader or the relationships between therapist and group member as important, but rely on social engineering. They analyze and utilize member motivation in devising interventions. If authority is respected, it can be used to reinforce; similarly if the primary value is materialistic, material pay-off will produce positive results.

Some of the skills and personality characteristics which most professional group psychotherapists expect to acquire in their training include:

1. Capacity to listen to and understand the underlying feelings, themes, defensive operations which go on in groups.
2. Capacity to understand and manage group operations at the level planned.
3. To be accepted as a leader.
4. To be responsive and empathic.
5. To perceive and manage self without interference from inner pressures.
6. To be responsible.
7. To know how to help individuals and group clarify attitudes, feelings and values and to perceive their behavior as others see it.
8. To be able to judge the level of pressure groups and individuals can accept and be able to control the level.
9. To know how to stimulate member interaction.

They are generally described as experts. They vary in the degree to which they are active in the group; the degree to which they will deal with their own problems; the degree to which they structure the group

and their own role and the level of control and ambiguity which they promote.

Non-Professionals

Programs employing indigenous workers, because of the brief time spent on initial training, have been more concerned with the personality qualities and life experiences of candidates. Staff in the Lincoln Hospital program stated that low income people had "no magic powers," were no more free of prejudice, had "no greater or lesser capacity for empathy with people in trouble" than other population groups. However, they stated "We have found...members of the low-income community, as there are in other classes of society, who do have unusual sensitivity, who have a great deal of warmth, capacity to grasp new ideas, eagerness to learn and a great desire to help others." They have tried to select such leaders.

Riessman emphasized that trainers should be flexible, sensitive, non-rigid in search of growth, excitement, challenge and that non-professionals were selected for their informality, humor, earthiness, neighborliness, flexibility, self-awareness, capacity to cope with stress, comfort in a group, acceptance by peers. He stated that the non-professional is "a marginal man" and must be able to communicate with peer group and authorities.

Project Challenge sought counselors who were involved, informed, related to client needs, natural leaders. They had to possess energy, adaptability, initiative. They needed to be cooperative, punctual and reliable.

Many programs for non-professionals emphasize qualities of reliability, responsibility, time sense. The Howard University New Careers program found it was difficult to predict reliably initially how individuals would function after being admitted to the program. This program trained professionals, non-professional trainers and aides. All had to be able to work with groups. All had to be able to relate and communicate across cultural lines. Professionals needed to have flexibility, commitment and high expectations of trainees. Trainers should be warm, outgoing, determined, energetic, have common-sense. There is indication from their report that in the populations with which they dealt trainers who were firm, maintained a structured group and were accepted as having authority were able to be of most assistance to their trainees. Interns were rated on creativity and initiative, regularity and punctuality, promptness in reporting, responsibility, capacity to learn and use supervision, commitment and ability to keep out of trouble. Aides were initially found to have poor work habits, to be unreliable and irresponsible, but could change quickly into more dedicated workers.

In a report on health aides, qualities of interest in the job, desire to help people, ability to relate in a warm friendly way, ability to communicate effectively, to speak the language and know the culture of clients, to use supervision, to be dependable, "mature," and to be flexible and willing to learn were emphasized.

In a Minneapolis Teacher Aide Program initial recruitment was concerned with warmth and interest in children.

James and others in the New Careers Development Project at

Vacaville emphasize self awareness, sensitivity, creativity and interpersonal coping skills.

An SREB study of the mental health worker at the Associate of Arts level identifies as important qualities: self awareness, confidence in the client, openness to new ideas, respect for individuals, capacity to be responsible, to take initiative, to use self agreeably and responsively, to be able to accept and tolerate differences, to be able to get along with peers and authority and to be able to be genuine, warm and empathetic.

In a recent article in the Washington Post on Chinese Day Care, Winer stated that teachers were expected to be warm, concerned, patient, responsible, enthusiastic, respectful and well informed. They should expect adequate performance, create a cooperative atmosphere in which the children helped each other.

The qualities emphasized for Sheltered Workshop and Day Care Aides in a Milwaukee program were: attendance, perseverance, interest, enthusiasm, sensitivity, responsibility, initiative, capacity for hard work and ability to relate to supervisors.

Indigenous non-professionals are by definition thought of as peer group leaders. They are considered to be successful examples and models for the members with whom they work. Successful leaders know and understand the culture and the normative behavior and values of their population. They are accepted as leaders by their people, can speak to them in a language and style which is compatible with the culture. They have had direct experience with the problems of members and can assist in

finding solutions to problems which are in tune with the reality of the group member's existence. They can distinguish excuses and resistances from the real difficulties which members have to face, and stand up to the challenges of group members. They have met and overcome a number of difficulties themselves. They can empathize without over-identifying or rejecting a member and his/her problems. They are perceptive, self-aware and able to control their own problems. They are responsible and reliable. Although not usually stated, a reasonably high level of intelligence is implied. The best have high energy and organizing ability. They are able to communicate across systems and have some knowledge and understanding of the dominant culture and its values and expectations. They are accepted as facilitators across cultures. They care for their group members.

Common Qualities

We must also ask how we can select leaders for different kinds of groups, or whether leaders are, in fact, self-selected? Are there some qualities which are true for all group leaders?

Empathy

Truax and Carkhuff and others have suggested, from their work, that leaders should be warm, accepting, empathetic. The quality of empathy has raised serious questions. How do leaders acquire empathy; are they born with it; is it only gained out of life experiences; can it be learned?

Some supporters of the Helper Principle and the Indigenous Worker assert that true empathy, that is, the understanding of how the person is feeling and experiencing at a particular time, can only be acquired through common experience. To follow this argument to extreme, one would really have to be the other person to truly empathize. It is my

belief that one learns to increase one's empathic capacities through one's own experiences, the experiences of others, patients, colleagues, books, films, friends, and through the exercise and testing of one's imagination and perceptions, through being a good listener, and through being able to draw out of the group member, with the assistance of other group members, a vivid description of the member's situations and feelings about it. Some capacity for introspection is essential. The range of a leader's capacity to empathize grows with his her experience and his her ability to refrain from taking a personal and self involved position. The leader will grow more comfortable with different kinds of people as his her knowledge and experience grows. His her capacity to work with special populations can also be enhanced by studying the culture, the value systems, the language and by being exposed to the perspective of members of that group. The leader must know that individuals vary greatly within the culture and be able to distinguish between the norm for that group and the individual's reactions to it.

Qualities for Different Levels of Group Operation

The Life Stage of the Individual Leader

Relatively undiscussed elements which are probably of considerable importance in leader choice and capacity to work with particular groups are the life stage of the leader and his her values and qualities in relation to that stage. Has he she dealt with the developmental and moral problems which the population is facing? Are the leader's values compatible with those of the population, can she he empathize with the particular problems and struggles of that population? Does she he possess personality qualities which are acceptable to that group? To what extent

do the leader's life experiences assist or hinder capacity to work with particular populations?

It is possible for leaders to have great understanding and empathy for one age group and not for another. Many leaders, for instance, are reluctant to work with the elderly because they have not themselves faced the problems in growing old, becoming incapacitated or dying, or because they feel that old people can no longer grow and develop (Mintz). Other leaders find the challenge and pressure of adolescent groups too hard for them to sustain, yet may work very well with younger children or some kinds of adult groups. The writer was not permitted to work with teenagers as an initial group, although later developed sufficient firmness, interest and skill to do so. Young workers often find it easier to work with their own sex or with children when they first start. Many initially have problems in assisting married couples or parents because they have not yet ^{had} experience in these roles. Effective group leaders over time develop a wide-range learning both from their own life experiences and from the group members with whom they work.

Personality and Group Member Needs

A second question is whether the personality of the leader and the consequent group atmosphere she he creates will be more or less effective for the group members with whom she he is working. This question is raised more particularly in groups which aim for attitude or character change (whether growth or therapeutic) rather than the more superficial solving of specific problems or understanding of alternatives. Lieberman and Yalom's experiments at Stanford appear to suggest that very aggressive

confronting groups with leaders who are charismatic and perhaps narcissistic are dangerous when these groups consist of unselected members and when little support is given from the leader or group members. Some members may not be able to tolerate the group pressure and regressive emotionality thus excited, and may break down into depression or psychosis. Also, leaders who create emotional climates which are much more intimate, exciting and intense than the ordinary life of the members, may create conditions under which members experience depression and disillusion when they return to their day-to-day existence. These findings suggest that members should be screened before acceptance into a regressive-emotive group; that consideration be given both by the leader and the group to the relationship between the climate of the group and the skills learned there, and the life of the group members in their day-to-day environment. They also suggest that the responsible leader needs to be sensitive to and concerned about the needs and tolerances of individual members and to the degree of pressure created in the group so that members are not pushed beyond their limits. Group leaders who are laissez-faire, do not seem to care for, and are not willing to protect members, also establish conditions where casualties occur. The light-hearted assumptions that adults should be able to know and protect themselves under all circumstances is not realistic in practice. This means, of course, that leaders of regressive groups must be able to have sufficient knowledge and skill to understand and set limits on the dynamic interaction in the group. They must be willing to accept responsibility for the manner in which they conduct the group and for the well-being of the members. They must be able to control their own desire for

confrontation, emotionality, excitement and aggressiveness, or to allow the dynamics of group and members to unfold without interference.

It is generally agreed that leaders need to understand their own attitudes and feelings about the group members and the subject matter dealt with in the groups. More intense groups place greater demands on leaders. It is harder for them to keep from acting out and to maintain self awareness and an adequate perception of reality.

Lieberman and Yalom also suggest that some of the most highly trained professionals seem to induce more crisis and elicit fewer positive responses in unselected growth groups because of their apparent uninvolved and professional lack of spontaneity. Some professionals become over concerned with theory, method and techniques and lose the fresh warmth and concern of the novice. While beginning students of counseling, social work, psychotherapy, who have relatively little skill, but are highly concerned and caring, achieve excellent results with many patients. This is particularly true of clients who require an enhancement of self-esteem, the support of someone who will care and listen, particularly in the midst of crisis and who are able to assist in reducing the pressures of the environment. Beginning students achieve much less well with complicated neurotic problems where group members are highly ambivalent. A strong professional facade seems to me to be a defect of the training rather than an argument against training.

True spontaneity which is perceptive, task- and reality-related, is only achieved after a high level of training.

At the present time, there is no accepted way of addressing this possibly quite destructive factor. It seems likely that many group members are able to respond to warmth, empathy, etc., and that this support and understanding helps them to work out their problems. Some group members require highly emotive groups to "unfreeze" them, and some need to be firmly confronted with their own manipulations. It is also true that some patients cannot tolerate high emotionality and warmth because of the fears which are aroused, and that other more neurotic patients have very complicated, ambivalent responses which require very skillful and longer-term treatment to understand and to change.

I have known from my experience as a therapist and as a supervisor, that each of us has much more difficulty in responding to one kind of patient than another. I have watched a therapist excellent in other ways, who was unable to cope with highly aggressive male group members, and another who could not feel any hope that an unmarried older woman could lead a happy and satisfying life. The more a group leader knows about him or her self, the more he or she can learn to overcome these problems and biases. However, a basic essential for any group leader is a willingness to accept one's own current limitations and to work to overcome them.

Some work seems to suggest that leaders with different personality types are better able to work with different kinds of group members.

Ted Palmer, in a study of personality characteristics of community treatment project workers in California, related leader qualities to

qualities of the youth under treatment. For instance, his evidence suggests that more permissive, easy-going workers, who were interested in feelings and intrapsychic phenomena obtained best results with anxious neurotic youth. Openly manipulative youth and those who are outwardly conformist, but actually act out rather than express disagreement, respond better to more direct, hard-nosed, aggressive workers who focus more concretely on problems and limits and have more definite standards. All workers needed high energy, commitment, sophistication, and know-how in regard to adolescents and their problems.

In an earlier study of hard-to-reach adolescents in groups, MacLennan found that the initial contact was crucial in reducing the stereotypes with which the teenagers came and that different responses were required to involve different kinds of youth. Not all workers could relate to all kinds of youth. Some could not tolerate heavy dependency demands; others had problems with high levels of aggression and therapist rejection.

Maslow, in his early work, emphasized concern for the defensive strengths of clients; in a recent paper, discussing his experiences at Synanon where group approaches are confronting and aggressive, he comments that individuals are much stronger and require less protection than he had originally anticipated. Perhaps, there are differences related to different populations and that it is still necessary to give consideration to the strengths and weaknesses of individual members. Perhaps also there is some natural mutual selection between member and leader needs, personalities and conflicts in this regard.

Acceptability

Cultural & Class Similarities and Differences and Acceptability of Leader

Mitchell and Namenek compared psychiatrists and psychologists and their patients and found that the former are more likely to have higher class patients.

Kandel, Overall and Aaronson also found that patients of lower socio-economic class are more likely to respond to therapists of similar background. Vontress, however, in discussing Black and White relations, feels that there are many subdivisions within cultural and racial groups and that white/therapists must learn these differences and be able to relate appropriately. Mackler also found that working in the ghetto, many of his fears and anxieties were shared by residents and that it was necessary to endure testing. He illustrates how stereotyping is utilized as a defense against developing relationships of which one is afraid and which are strange. This has also been the writer's experience, illustrated clearly in all kinds of groups. This stereotyping is no different from any other prejudging and has to be dealt with before a relationship can develop.

The real problem, however, includes not just the leader's capacity to empathize, but also his or her acceptance by the group as being able to understand and relate to the members' situations in a relevant way. Non-acceptance may be a resistance which can be overcome, but there may be so great a support for stereotyping in the climate of the day, that too great a difference between the life situation of the leader and the members will prevent his or her acceptance as the group leader. This

problem is likely to be enhanced in homogeneous groups where there is a wide difference between the leader and the members. In heterogeneous groups concerned with character change, it seems relatively easy to help group members to understand each other's essential humanness. In fact, the heterogeneity of the group may make it easier to identify common dynamic problems, and of course, allows much greater latitude with regard to the leader's background, while demanding greater skill. Besides class and racial factors, another aspect of acceptability as a leader is raised among peers. Vernis, studying a situation where professionals, volunteers, expatients and patients all performed leadership functions, found that the fellow patients were least accepted. Hurvitz however, found that in peer self-help groups those who have had some success themselves were able to reveal themselves, encourage and support others.

Selection of Leaders

In most professional group psychotherapy training programs, an assumption has been made that individuals who have been admitted into individual psychotherapy training and who are interested in groups, will be able to perform effectively as group psychotherapists. It is usually unclear as to the criteria for acceptance into the professional training programs as far as personality goes.

Carkhuff and Truax and their colleagues have had considerable influence on the counselling field and have developed methods for testing for and training to enhance the qualities of empathy, respect, concreteness, genuineness, congruence, trust, warmth, positive regard, immediacy and capacity to confront.

In some New Careers programs groups have been used as a method of selection to explore the capacities of candidates to be accepted as leaders, to take initiative, to stimulate group interaction and to reveal their perceptiveness, sensitivity and concern for others.

Anthony and Wain exposed potential trainees to brief pre-training prototype experiences and found this to be the most reliable method of selection.

However, major weaknesses still remain in regard to techniques of selection and unclarity about the qualities which are to be selected.

Summary and Discussion

What then does this discussion suggest for the selection and training of group leaders?

It would suggest that there are some general personality characteristics which are important in the selection of all leaders of counseling, therapy and growth groups. Potential leaders should be concerned and care about others. They should be able to care about and accept the individual as a human being even when they feel that the individual's behavior is destructive to himself and others. They should, even in the beginning, give evidence of being intrapsychically aware and interpersonally perceptive and have some natural ability to perceive what is going on between people without excessive distortion. They should be interested in human relations. They must be open enough to be willing to learn more about themselves and to learn to deal with their own problems. They should have shown some leadership ability in the past with some group; to be accepted and trusted and to have good judgment;

and some capacity to accept responsibility and to be able to stand firm in the face of challenge, not necessarily in an aggressive way. They have to learn to deal with instability, ambiguity and change in their own lives and in the group.

Toffler, in Future Shock, has also suggested that the modern world places stresses and requirements on individuals which are of a different order than in the past. Conditions of life change rapidly. Individuals are extraordinarily mobile. People have to learn how to assess each other, develop relationships and make decisions much more rapidly. They must be able to accept change and to be able to give up old relationships and ways of life without undue dislocation. This also applies to group leaders in their own lives, in their groups and in their training.

Education and training, it then seems to me, should be directed towards enhancing the leader's range of understanding in depth of a wide variety of human situations and dilemmas; how people live and how they deal with problems; to be able to listen accurately and to respond in terms of the individual's perspective; to know what alternative solutions and resources are available in the culture with which one will work and to strive to gain greater understanding, acceptance, security with one's self and increase one's own capacity to enjoy life. This involves broadening experiences both in supervised work and in one's own life, and working with others in increasing one's sensitivity, understanding and perceptiveness of all kinds of situations. Such an approach pervades all areas of a leader's life: studies, cultural and recreational experiences, intimate life, as well as work.

This approach to selection and training has very little in common with the higher educational system of the present, in which academic content is divorced almost entirely from real life and personal reactions,, and in which individuals are encouraged to continue to pursue academic degrees and professional training in terms of his her academic and intellectual capacities with little regard for his her personal characteristics and life experience. Furthermore, professional compartmentalization into discreet disciplines is not designed in the service of the public but to create vested interests which support the economic and hierarchical status of the professional. To some extent academic and professional training is also designed and required of trainees in order to support the personal idiosyncracies of the professors and the financial requirements of universities. So long as we retain this traditional system of higher education and professional training, it is impossible for us consistently to select, develop, and utilize effectively relevant and competent group leaders who can assist group members to grow, live satisfyingly and cope with their problems.

The first implication of these recent developments is for us as professional mental health specialists and group leaders to reassess ourselves and the system we sustain.

The second is to seriously address what is known and what we need to know about the methodology of selecting group leaders in terms of their personality characteristics.

The third is to consider how we develop a functional system for the continuous efficient utilization, development and advancement of group leaders in human services.

Bibliography

1. Ables, N. Liking for clients - it's relationship to therapist's personality: unexpected findings. Psychotherapy: Theory, Research and Practice, 4, No. 1, Feb. 1967, 19-21.
2. Alexander, J. F. The therapist as a model and as himself. Psychotherapy: Theory, Research and Practice, 4, No. 4, Nov. 1967, 164-165.
3. Anthony, A. and Wain, H. J. Two methods of selecting prospective helpers. Journal of Counseling Psychology, 18, 1971, 155-156.
4. Bach, G. R. Intensive Group Psychotherapy. New York: Ronald, 1954.
5. Bachrach, H. Adaptive regression, empathy and psychotherapy: theory and research study. Psychotherapy: Theory, Research and Practice, 5, No. 4, Dec. 1968, 203-209.
6. Barrett-Lennard G. J. Dimensions of therapist response as causal factors in therapeutic change. Psychological Monographs, 76, No. 43 1962, 1-36, 562.
7. Bass, B. M. Leadership, Psychology, and Organizational Behavior. New York, N. Y., Harper, 1960.
8. Bergen, A. E. and Solomon, S. Correlates of empathic ability in psychotherapy. American Psychologist, 18, No. 7, 1963, 393.
9. Berne, E. Group Treatment. New York, Grove, 1966.
10. Carkhuff, R. R. Helping and Human Relations: A Primer for Lay and Professional Helpers, Vol. 1 - Selection & Training, Vol. 2 - Practice and Research, New York, Holt, Rinehart & Winston, 1969.
11. _____ Principles of social action in training for new careers in human services. Journal of Counseling Psychology, 18, 1971, 147-151.
12. _____ The effects of lay counseling evaluation and implications. In Jacques, M. (Ed.), Innovations in Rehabilitation Counseling, Buffalo, New York, 1967.
13. _____, Kratochvil, D. and Friel, T. Effects of professional training: communication and discrimination of facilitative conditions. Journal of Counseling Psychology, 15, No. 1, 1968, 68-74.

14. Denham, W. H., Levine, M. and Shatz, E. O. New Careers for the Disadvantaged in Human Service. Washington, D. C. Howard University Institute for Youth Studies, 1968.
15. Donnan, H. H., Harlan, G. E. and Thompson, S. A. Counselor personality and level of functioning as perceived by counselees. Journal of Counseling Psychology, 16, 1969, 482-485.
16. Farmer, R. G. Values and personal style in psychotherapy. Psychotherapy: Theory, Research and Practice, 6, No. 2, Spring 1969, 131-136.
17. Fiedler, F. A comparison of therapeutic relationships in psychoanalytic, non-directive, and Adlerian therapy. Journal of Consulting Psychology, 14, 1950, 436-445.
18. Fishman, J. R., et al. New Careers for the Disadvantaged in Human Service. Washington, D. C., Howard University Institute for Youth Studies, 1964.
19. Foulkes, S. H. and Anthony, E. J., Group Psychotherapy: The Psychoanalytic Approach. Baltimore, Md., Penquin, 1968, 2nd Ed.
20. Gazda, G. M. (Ed.), Basic Approaches to Group Psychotherapy and Group Counseling. Springfield, Ill., C. C. Thomas, 1968.
21. Gibb, J. J. Notes on Tori Theory. Pamphlet, 1969.
22. Gordon, J. E. Project CAUSE, the federal and anti-poverty program and some implications of sub-professional training. American Psychologist, 20, 1965, 334-343.
23. Grigg, A. E. and Goodstein, L. D. The use of clients as judges of the counselor's performance. Journal of Counseling Psychology, 4, No. 1, 1957, 31-36.
24. Grotjahn, M. Analytic group therapy with psychotherapists. Int. Journal Group Psychotherapy, 19, No. 3, July 1969, 326-333.
25. Harvey, L. V. The use of non-professional auxiliary counselors in staffing a counseling service. Journal of Counseling Psychology, 11, 1964, 348-351.
26. Hurvitz, N. Peer self-help psychotherapy groups and their implications for psychotherapy. Psychotherapy: Theory, Research and Practice, 7, No. 1, Spring 1970, 41-49.
27. James, Michael R., et al., Retrospective Analyses of the Pilot Study New Careers Development Project. 1965, Vacaville, Calif., Institute for Study of Crime and Delinquency.

28. Jewish Vocational Service. A Demonstration and Training Program for Sheltered Workshop Supervisory Aides and Day Care Center Aides, Milwaukee, Wis., DCO Mat MDC 29-64.
29. Jourard, S. The Therapist as Guru. Voices, Summer-Fall, 1969, 49-51.
30. Kadis, A. L., et al., A Practicum of Group Psychotherapy. New York: (Hoeber), Harper & Row, 1963.
31. Kandel, D. B. Status homophily, social context and participation in psychotherapy. American Journal of Sociology, 71, 1966, 640-650.
32. Kantor, D. and Greenblatt, M. (Eds.) College Students in a Mental Hospital. New York, Grune and Stratton, 1962.
33. Kent, J. A. Education in the New Careers Program. New Careers Perspective, 8, May 1969, Washington, D. C., New Careers Information Clearinghouse.
34. Kentucky Mental Health Manpower Commission. Your Mental Health Career: An introduction to vocations in the mental health field. Louisville, Kentucky, 1966.
35. Knapp, R. H. and Holzberg, J. D. Characteristics of college students volunteering for service to mental patients. Journal of Consulting Psychology, 28, 1964, 82-85.
36. Kopp, S. Hasidic Teaching: Being with the other. Voices, Summer-Fall, 1969, 36-40.
37. Kovacs, A. L. The intimate relationship: a therapeutic paradox. Psychotherapy: Theory, Research and Practice, 2, No. 3, Oct. 1965, 97-103.
38. Kunce, J. and Anderson, W. Counselor-client similarity and referral bias. Journal of Counseling Psychology, 17, 1970, 102-106.
39. Lief, H. I. Sub-professional training in mental health. Archives of General Psychiatry, 15, 1966, 660-664.
40. Lovitt, R. Comparison of verbal approach - avoidance behavior of trained and untrained therapists. Journal of Counseling Psychology, 17, 1970, 137-140.
41. Mackler, B. Black on white or white on black: Harlem and white professionals. Prof. Psychology, 2, No. 3, Summer 1971, 247-250.
42. MacLennan, B. W. and Felsenfeld N. Group Counseling and Psychotherapy with Adolescents, New York, Columbia Univ. Press, 1968.
43. Mahoney, S.C. The Art of Helping People Effectively, New York Assoc. Press, 1967.

44. Martin, J. C. and Carkhuff, R. R. Changes in personality and interpersonal functioning of counselors-in-training. Journal of Clinical Psychology, 24, Jan. 1968, 109-110.
45. Maslow, A. H. Synanon and Eupsychia, Journal of Humanistic Psychology, 7, 1967, 28-35.
46. McPheeters, H. L. and King, L. B. Plans for Teaching Mental Health Workers, SREB, Atlanta, Ga., 1971
47. Miller, T. K. Characteristics of perceived helpers. Personnel and Guidance Journal, 12, 1965, 353-358.
48. Mintz, E. Isabel in the marathon. Voices, Summer 1967, 104-107.
49. Mitchell, K. and Nameneck, T. M. A comparison of therapist and client social class. Professional Psychology, 1, No. 3, Spring 1970, 225-230.
50. Mowrer, O. H. The New Group Therapy. New York, Houghton Mifflin, 1961.
51. Mullan, H. and Rosenbaum, M. Group Psychotherapy. Glencoe, Ill. Free Press, 1962.
52. Mueller, W. J. and Dilling, C. A. Therapist-client interview behavior and personality characteristics of therapists. Journal of Projective Techniques and Personality Assessment, 32, 1968, 281-288.
53. Overall, B. and Aaronson, H. Expectations of psychotherapy in patients of lower socio-economic class. American Journal of Ortho., 33, 1963, 421-430.
54. Palmer, T. Personality Characteristics and Professional Orientations of Five Groups of Community Treatment Project Workers. Calif. Youth Authority Community Treatment Project Report No. 1, 1967.
55. Pattison, E. M. Group Psychotherapy and Group Methods in Community Mental Health Programs. Int. J. Group Psychotherapy, 20, No. 4, Oct. 1970, 516-539.
56. Polmantier, P. The personality of the counselor. Voc. Guidance 15, 1966, 95-100.
57. Poser, E. G. The effect of therapists' training of group therapeutic outcome. In M. Zax and G. Stricker (Eds.), The Study of Abnormal Behavior: Selected Readings, 2nd Ed., New York: Macmillan, 409-418.

58. Reiff, R. Mental health manpower and institutional change. American Psychol., 21, 1966, 540-548.
59. Reiff, R. and Riessman, F. The indigenous non-professional: a strategy of change in community action and community mental health programs, Report #3, National Institute of Labor Education, November, 1964.
60. Riessman, F. Issues in training the new non-professional. Prepared for Sub-Committee on Training, the National Manpower Advisement Committee, New York, 1967, 29pp.
61. _____, The "helper" therapy principle. Social Work, 10, 1965, 27-32.
62. Rioch, M. J. Changing concepts in the training of therapists. Journal of Consulting Psychology, 30, 1966, 290-292.
63. Rogers, C. A theory of therapy, personality and interpersonal relationships as developed in the client-centered framework. In Sigmund Koch (Ed.), Psychology: A Study of a Science, Vol. 3, New York, McGraw-Hill, 1959, 184-256.
64. Roman, M. and Jacobson, S. Progress Report: Training of Mental Health Aides. New York, Lincoln Hospital, 1965, unpublished.
65. Schlossberg, N. K. Sub-professionals: to be or not to be. Counselor Education and Supervision, 6, 1967, 108-113.
66. Schmidt, L. D. and Strong, S. R. "Expert" and "inexpert" counselors. Journal of Counseling Psychology, 17, 1970, 115-118.
67. Schutz, W. C. Here Comes Everybody. New York, Harper & Row, 1971.
68. Shichor, D. Non-conformity patterns of different types of leaders in small groups. Comp. Group Studies, Vol. 1, No. 3, Aug. 1970, 269-274.
69. Slavson, S. R. Vita-Erg Therapy with long-term regressed psychotic women. Bibliotheca Psychiatrica et Neurologica; Supplementa ad Psychiatria et Neurologia, 142, 1969, 104-120. (Basel, Switzerland).
70. Stollak, G. E. The experimental effects of training college students as play therapists. Psychotherapy: Theory, Research & Practice, 5, No. 2, June 1968, 77-80.
71. Stoller, F. H. Marathon group therapy. In G. Gazda (Ed.), Innovations to Group Psychotherapy, Springfield, Ill., C. C. Thomas, 2nd Printing, 1970.

72. Taft, R. The ability to judge people. Psychological Bulletin, 52, 1955, 1-23.
73. Toffler, A. Future Shock, New York, Random House, Inc., 1970.
74. Truax, C. B. Perceived therapeutic conditions and client outcome. Comparative Group Studies, 2, No. 3, August 1971, 301-310.
75. _____, Therapist empathy, warmth, and genuineness and patient personality change in group psychotherapy; a comparison between interaction unit measures, time samples, measures and patient perception measures. Journal of Clinical Psychology, 22, 1966, 225-229.
76. _____, Therapist interpersonal reinforcement of client self exploration and therapeutic outcome in group psychotherapy. Journal of Counseling Psychology, 15, No. 3, 1968, 225-231.
77. _____, and Carkhuff, R. R. Toward Effective Counseling and Psychotherapy: Training and Practice, Chicago, Ill., Aldine, 1967.
78. _____, Carkhuff, R. R. and Kodman, F. Relationships between therapist-offered conditions and patient change in group psychotherapy. Journal of Clinical Psychology, 21, 1965, 327-329.
79. _____, Frank, J. D., Imber, S. D., et al. Therapist empathy, genuineness and warmth and patient therapeutic outcome. Journal of Consulting Psychology, 30, No. 5, 1966, 395-402.
80. _____, and Lister, J. L. Effectiveness of counselors and counselor aides. Journal of Counseling Psychology, 17, 1970, 331-334.
81. U. S. Department of Labor, Final Report of Project Challenge, Washington, D. C., U. S. Manpower Administration, 1969.
82. U. S. Office of Economic Opportunity, Recruitment and Selection, Washington, D. C., Dec. 1965.
83. Van Der Veen, M. Perceived Therapist and Patient Behavior. Discussion Papers, Wisconsin Psychiatric Institute, Madison, Wisconsin, 1961.
84. Verinis, J. S. The ex-patient as a lay therapist: attitudes of group members toward him. Psychotherapy: Theory, Research and Practice, 7, No. 3, Fall 1970, 161-163.

85. Vontress, C. E. Racial differences: impediments to rapport. Journal of Counseling Psychology, 18, 1971, 7-13.
86. Washington Post. Molding the Chinese Child, Dec. 1971.
87. Weiner, H. J. and Brand, M. S. Involving a labor union in the rehabilitation of the mentally ill. American Journal of Orthopsychiatry, 35, 1965, 598-600.
88. Wile, D. B., Bron, G. D. and Pollack, H. B. The group therapy questionnaire: an instrument for the study of leadership in small groups. Psychological Reports, 27, 1970, 263-273.
89. Wiley, W. W. and Fine S. A. A Systems Approach to New Careers 1969, Kalamazoo, Michigan, W. E. Upjohn Institute for Employment Research.
90. Wolf, A. and Schwartz, E. Psychoanalysis in Groups. New York, Grune and Stratton, 1962.
91. Yalom I. D. The Theory and Practice of Group Psychotherapy. New York. Basic Books, 1970.
92. Yalom, I. and Lieberman, M. A study of encounter group casualties. Archives of General Psychiatry 25, 1971, 16-30.